CONFIDENTIAL MC-060 ATTORNEY (Name, state bar number, and address): FOR COURT USE ONLY TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR: PLAINTIFF OTHER (specify): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE BRANCH NAME: PLAINTIFF: [UNDER SEAL] **DEFENDANT:** [UNDER SEAL] CASE NUMBER: CONFIDENTIAL COVER SHEET-FALSE CLAIMS ACTION Seal to expire on (date): INSTRUCTIONS: This civil action is brought under the False Claims Act, Government Code section 12650 et seq. The documents filed in this case are under seal and are confidential pursuant to Government Code section **UNLESS:** 12652(c). (1) Motion to extend time is pending; or This Confidential Cover Sheet must be affixed to the caption page of the (2) Extended by court order complaint and to any other paper filed in this case until the seal is lifted. You should check with the court to determine whether papers filed in False Claims Act cases must be filed at a particular location. 1. The document to which this cover sheet is affixed is: Complaint for damages for violation of the False Claims, Act

a.	Complaint for damages for violation of the Faise Claims Act
b.	Civil Case Cover Sheet (form 982.2(b)(1))
C.	Motion for an extension of time to intervene
d.	Affidavit or other document in support of the motion for an extension of time
e.	Order extending time to intervene (specify date order expires):
f.	Other order (describe):

Notice from the Attorney General of additional prosecuting authority that may have access to the file

h. Other (describe):

2. This Confidential Cover Sheet and the attached document must each be separately file-stamped by the clerk of the court.

Date: